COMNAVCRUITCOMNOTE 5510
N35
12 JAN 04

COMNAVCRUITCOM NOTICE 5510

From: Commander, Navy Recruiting Command

Subj: SUBMISSIONS OF BACKGROUND INVESTIGATIONS FOR OFFICER AND
        ENLISTED ACCESSIONS

Ref: (a) COMNAVCRUITCOMINST 1130.8F
        (b) COMNAVCRUITCOMINST 1131.2B

Encl: (1) Sample Agency Use Information Form for Non-Nuclear
             Field (NF) Enlisted and Officers Requiring a NACLC
        (2) Sample Agency Use Information Form for NF Enlisted,
             Naval Reactors Engineers, and Nuclear Power
             Instructors
        (3) Sample Agency Use Information Form for SUB-N, SWO-N,
             Cryptography, and Intelligence Officers
        (4) Joint Clearance Access Verification System (JCAVS)
             Access Request Form
        (5) Submitting Office Number (SON) Authorization and
             Amendment Form, PIP-12

1. Purpose. To provide revised policy and guidance for the
submission of Navy accession Personnel Security Investigations
(PSI) to the Office of Personnel Management (OPM), Federal
Investigations Personnel Center (FIPC). This notice supercedes
reference (a) section 5B-15 and reference (b) section 8-E.121 as
well as COMNAVCRUITCOM Notice 5510 dated 16 Oct 03.

2. Background. On 1 October 2003, the Office of Personnel
Management (OPM) assumed responsibility for conducting all
military applicant Personnel Security Investigations (PSI). As
part of this change, the Chief of Naval Operations (N09N2) now
requires, as a minimum, completion of a National Agency
Check/Local Check (NACLC) for all applicants, including foreign
nationals. Effective 1 October 2003, all Navy Recruiting
Command PSI requests shall be sent hard copy to OPM. The PSI
request is comprised of three parts, an Electronic Personnel
Security Questionnaire (EPSQ) with signed release forms, an
Agency Use Information Form (enclosures (1), (2), or (3)), and
fingerprints, either submitted hardcopy or via Livescan.

Currently, OPM requires hard copy security questionnaire documentation pending the anticipated deployment of a new comprehensive electronic system later this year.

3. <u>Action</u>. Procedures for completion of PSIs are delineated below. NAVCRUITDISTs will ensure their personnel use the most recent version of the EPSQ program, which can be downloaded from www.dss.mil/epsq. All Navy Recruiting Command users must have at least version 2.2, Security Officer Edition.

4. <u>For Enlisted Applicants</u>:

   a. All applicants enlisting, including foreign nationals, require submission of a PSI requesting NACLC. ENTNAC and NAC are not acceptable substitutes.

   b. To request an investigation, the User's portion of the EPSQ, Agency Use Information Form (enclosure (1) or (2) as appropriate), release forms and fingerprint charts (if not submitted to OPM via Livescan) must be filled out, signed and mailed to OPM.

      (1) Refer to the EPSQ users manual for procedures on completing the EPSQ. If any problems are encountered, a list of Frequently Asked Questions can be found at http://www.dss.mil/epsq/epsqfaq/index.htm. Additional copies of the users manual can be downloaded from the DSS website.

      (2) Enclosure (1) contains instructions and a template for completing the Agency Use Information Form for all enlisted applicants other than Nuclear Field.

      (3) Enclosure (2) contains instructions and a template for completing the Agency Use Information Form for all enlisted Nuclear Field applicants. For reclassifications into the NF, resubmitting a PSI request solely to update the Agency Use Information Form is not required. When an applicant reclassifies into the NF, the NF Coordinator shall verify the status of the PSI. If the PSI has been accepted, scheduled, opened or closed completed, no further action is required. Otherwise, a PSI request must be submitted utilizing enclosure (2).

      (4) Personnel processed through the Military Entrance Processing Command (MEPCOM) will have their fingerprints

submitted electronically to OPM via Livescan. Personnel who are not processed through MEPCOM and whose fingerprints are not submitted via Livescan to OPM shall be manually fingerprinted using the FD 258 or SF 87 fingerprint chart. The completed fingerprint chart will be attached to the EPSQ, Agency Use Information Form and signed release forms, and mailed to OPM.

(5) The applicant must sign and date the release form and any waivers generated by the EPSQ program as well as the Agency Use Information Form.

(6) The PSI request cannot be submitted prior to receipt of the member's USMEPCOM Drug/Alcohol Test (DAT) results. The Navy Liaison Office must contact the MEPS to resolve DAT issues that prevent submission of PSI requests within ten days of the members DEP enlistment date. The PSI request must be submitted within 30 days of receipt of DAT results.

c. Responsibilities

(1) Recruiters. Ensure the completeness and accuracy of the User's Portion of the EPSQ. The EPSQ accompanies Record of Military Processing (DD Form 1966) for all applicants enlisting or reenlisting in the Navy. The EPSQ is an important document and must be completed without misstatements or omissions. All entries are subject to verification. Recruiters will complete and send the EPSQ to the Navy Liaison Team (NLT) at their respective Military Entrance Processing Station (MEPS) in accordance with guidelines published in the EPSQ Subject Instruction Guide at the DSS web site.

(2) EPSQ Security Officer (generally the MEPS Liaison Petty Officer (MILPO)). Ensure the following:

(a) The completeness and accuracy of the User's section of the EPSQ.

(b) A signed paper copy of the investigation request is included in both the residual and service record.

(c) A disk copy of the EPSQ is included in the service record for CT, EW, and IS ratings to assist Recruit Training Command (RTC) in the preparation of their request for a Single Scope Background Investigation (SSBI).

(3) <u>Navy Liaison Team</u>. Complete and validate the applicant's EPSQ in accordance with the EPSQ Security Officer Instruction Guide. They will ensure that:

(a) All historical information (Residence, Education, and Employment) is dated back seven years, but no earlier than the applicants 16th birthday.

(b) All applicant signatures are dated within 120 days of the date the EPSQ is received by OPM (<u>this is especially important on resubmissions</u>).

(4) <u>Nuclear Field (NF) Coordinator</u>. Ensure proper submission of PSI requests for all enlisted NF applicants. The NLT should work closely with the NF Coordinator to ensure accuracy and proper submission of the PSI.

d. Once the PSI request is complete and all quality checks have been done, mail the PSI request to OPM in accordance with paragraph 6.

e. Shipping DEP members without prior submission and acceptance of a PSI request is **prohibited.**

5. <u>For Officer Applicants</u>:

a. All candidates for commissioning require as a minimum, a NACLC. A SSBI is required for all SWO-N, SUB-N, Intel, and Crypto applicants. ENTNAC and NAC are not acceptable substitutes.

b. A copy of the signed and validated User's portion of the EPSQ, as well as the completed Agency Use Information Form will be forwarded to COMNAVCRUITCOM as part of the application kit. If the applicant is professionally recommended, the NAVCRUITDIST must submit the PSI request and make the appropriate PORT update.

c. To request the investigation, the User's portion of the EPSQ, Agency Use Information Form (enclosure (1), (2) or (3) as appropriate), release forms and fingerprint charts (if not submitted to OPM via Livescan) must be filled out, signed and mailed to OPM.

(1) Refer to the EPSQ users manual for procedures on completing the EPSQ. If any problems are encountered, a list of

Frequently Asked Questions can be found at
http://www.dss.mil/epsq/epsqfaq/index.htm. Additional copies of
the users manual can be downloaded from the DSS website.

(2) Enclosure (1) contains instructions and a template
for completing the Agency Use Information Form for most officer
applicants.

(3) Enclosure (2) contains instructions and a template
for completing the Agency Use Information Form for Naval
Reactors Engineers and Nuclear Power Instructors.

(4) Enclosure (3) contains instructions and a template
for completing the Agency Use Information Form for all SWO-N,
SUB-N, Intel, and Crypto applicants.

(5) Personnel processed through the Military Entrance
Processing Command (MEPCOM) will have their fingerprints
submitted electronically to OPM via Livescan. Personnel who are
not processed through MEPCOM and whose fingerprints are not
submitted to OPM via Livescan shall be manually fingerprinted
using the FD 258 or SF 87 fingerprint chart. The completed
fingerprint chart will be attached to the EPSQ, Agency Use
Information Form and signed release forms, and mailed to OPM.

(6) The applicant must sign and date the release form
and any waivers generated by the EPSQ program as well as the
Agency Use Information Form.

d.   The Officer Recruiter and Officer Processor are
responsible for ensuring:

(1) The completeness and accuracy of the User's portion
of the EPSQ.

(2) A signed paper copy of the investigation request is
included in both the residual and service record.

(3) The Officer Processor is responsible for completing
and validating an applicant's EPSQ in accordance with the EPSQ
Security Officer Instruction Guide and ensuring:

(a) All historical information (Residence,
Education, and Employment) is dated back seven years (10 years
for SSBI), but no earlier than the applicant's 16th birthday.

(b) All applicant signatures are dated within 120 days of the date the EPSQ is received by OPM (this is especially important on resubmissions).

e. Once the PSI request is complete and all quality checks have been done, mail the PSI request to OPM in accordance with paragraph 6.

f. Completion of the PSI for NACLC, at a minimum, is required prior to commissioning. For OCS candidates, the NAVCRUITDIST must verify the PSI request has been submitted to and accepted by OPM prior to shipping the candidate to OCS. **For OIS applicants, the NAVCRUITDIST must verify the NACLC has been completed prior to commissioning.**

g. Exceptions may be made to this general rule to allow the commissioning of Navy Reserve health professionals, chaplains and attorneys before completion of the NACLC, if the NACLC request has been submitted and accepted by OPM and the applicant has acknowledged in writing that, if the NACLC develops information that disqualifies the applicant as an officer candidate, they will be subject to discharge. The NAVCRUITDIST Commanding Officer has the authority to exercise this exception once they verify the above requirements have been met.

6. NAVCRUITDISTs will designate an individual to ensure quality control of documentation prior to mailing (i.e. EPDS/OPL/NF Coordinator) and ensure PSI requests are carefully tracked. Once completed, printed, and signed, the PSI request (EPSQ security questionnaire and release forms and Agency Use Information Form (enclosure (1), (2), or (3)), together with the fingerprint card (for officers and enlisted applicants whose fingerprints were not submitted using Livescan), will be mailed to OPM using the following address:

> **For both U. S. Postal Service and FEDEX:**
> U. S. Office of Personnel Management
> Federal Investigations Processing Center
> P. O. Box 618
> 1137 Branchton Road
> Boyers, PA 16018-0618

Note: Livescan Fingerprint submissions at the MEPS will be matched at OPM when the hard copy request forms are received.

7. The following guidance is provided for tracking PSI requests.

　　a. No later than 15 days after submission, NAVCRUITDIST's will follow up to ensure the PSI request was accepted by OPM. NAVCRUITDIST's can verify receipts by:

　　　　(1) Contacting Mr. Michael Price (mprice@ncis.navy.mil, 724-738-0084) of the Navy Liaison Office at OPM (if calling you will need your Submitting Office Number (SON) and the applicant's name, SSN, state of birth, and date of birth).

　　　　(2) Logging on to the Joint Personnel Adjudication System (JPAS).

　　　　　　(a) To gain access to JPAS your Security Manager or designated individual will have to fill out the user information at the top of enclosure (4), sign the "User Signature and Date" line, and fax it to the COMNAVCRUITCOM Security Manager, LT Flores, at 901-874-9335.

　　　　　　(b) Once your NAVCRUITDIST Account Manager has access to JPAS, they can provide access to other individuals at the NAVCRUITDIST.

　　　　　　(c) Any person attempting to gain access to JPAS must be eligible for a SECRET clearance based on a NACLC (or SSBI) investigation completed within the last ten years.

　　b. OPM assigns requesting activities numeric identification codes called Submitting Office Numbers (SON). SONs are used by OPM to identify requesting activities in a manner similar to the Navy's use of Unit Identification Codes (UIC) to accurately identify Navy commands. The OPM assigned SON is recorded in Block J of the Agency Use Information Form (enclosures (1)-(3)) to identify the activity submitting the PSI request.

　　　　(1) If there is a problem with the PSI, the primary method of contacting the NAVCRUITDIST for correction is via the point of contact information on file for the applicable SON. If the address, phone number, or point of contact information on file for the SON is incorrect, OPM will have difficulty contacting the NAVCRUITDIST for resolution of problems.

　　　　(2) It would be appropriate for each NAVCRUITDIST to have multiple SONs, one for each location from which PSI

requests are submitted. For example, an SON for the NLT at each applicable MEPs, an SON for the officer processor at the NAVCRUITDIST, and an SON for the officer processor at any remote station that submits PSI requests directly to OPM. OPM will mail information pertinent to the PSI to the address on file for the SON, so if this information doesn't match, the information won't flow to the appropriate processor.

(3) It is strongly recommended that a single point of contact at the NAVCRUITDIST track the SONs, preferably the security manager or Executive Officer, to prevent a situation where the OPDS updates the information on file at OPM for the SON the NLT was using, or visa versa.

(4) Instructions for completing and submitting the OPM Submitting Office Number (SON) Authorization and Amendment Form, PIP-12, are provided as enclosure (5).

8. If a PSI has been requested and is no longer required due to DEP attrition, fail to final select, collegiate drop out, etc., then the NAVCRUITDIST is responsible for canceling the PSI by contacting Mr. Michael Price (mprice@ncis.navy.mil, 724-738-0084) of the Navy Liaison Office at OPM. It is acceptable to email attrition lists to Mr. Price on a monthly basis to cancel previously submitted PSI requests that are no longer required. Attrition lists submitted to Mr. Price should be in the following format LNAME, FNAME, MI, SSN.

9. Points of contact for questions or clarification pertaining to this notice are as follows.

a. LCDR Barber (901) 874-9316/DSN 882-9316 or Mr. T. J. Talley (901) 874-9483/DSN 882-9483 for Enlisted Policy.

b. Mrs. Judy Birmingham (901) 874-9210/DSN 882-9210 for Officer Policy.

c. LT Gillespy (901) 874-9253/DSN 882-9253 for NF enlisted applicant status.

d. LT Armstrong (901) 874-9228/DSN 882-9228 for Nuclear Officer status.

e. Mr. Michael Price, mprice@ncis.navy.mil, 724-738-0084, the Navy Liaison for receipts at OPM, for OPM receipts and attrition related information.

f. Mrs. Charlean Snyder, csnyder@ncis.navy.mil, 724-738-0027, the Navy Liaison for process and procedures at OPM, for procedural questions that cannot be answered by one of the CRNC points of contact above.

                              /s/
                              G. J. CORNISH
                              By direction

Distribution:
COMNACRUITCOMINST 5216.2U
Lists IA, D, E, and F
II (A through D)
IIIA and B

Sample Agency Use Form for Non-Nuclear Field (NF)
Enlisted and Officers Requiring a NACLC

1. This is a template for the Agency Information Use Form for all Officers requiring a NACLC (other than Naval Reactors Engineers and Nuclear Power Instructors), and all non-nuclear Enlisted personnel.

2. Generic instructions for completion of the Agency Use Information Form can also be found at: http://www.navysecurity.navy.mil/agusefm.htm

3. Completing all blocks is not required. All the blocks that have non-NAVCRUITDIST specific information have been completed. If the block is not completed, or addressed in paragraph 4, leave it blank.

4. Specific instructions for the other blocks is as follows:

   a. Block J should be the SON for the specific office at the NAVCRUITDIST that is submitting the PSI.

   b. Block O should have the NRD Name and UIC. This information is **critical** to aiding adjudication by DoNCAF, a Navy agency that does not have access to the SON information database that OPM uses.

   c. Block P should have the name, title, signature, **commercial** phone number and date for the person submitting the PSI (which should match the information on file for the SON in Block J).

Note: **It is vital that the submitting official list their commercial phone number, since OPM does not have access to DSN.**

   d. Subject of Investigation (Identifying Information) should be completed as applicable.

   e. Education Degree(s) (Not shown on EPSQ) should include all degrees not listed on the EPSQ.

   f. The applicant should sign and date the form in the appropriate blocks.

   g. The RTC (OCS/OIS) report date and recruiter name and **commercial** phone number should be placed in the appropriate blocks at the bottom of the form.

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: *The EPSQ is for internal DOD use only, and is pending OMB approval.*

Agency Use Information (SF-86)

A Type of Investigation	08B	B Extra Coverage		C Sensitivity Level	2	D Access	2	E Nature of Action Code	MIL	F Date of Action	Month Day Year

G Geographic Location			H Position Code			I Position Title	*NAVY ACCESSION*			

J SON		K Location of Official Personnel Folder	X	None	Other Address		Zip Code
				NPRC			
				At SON			

L SOI	NV00	M Location of Official Personnel Folder	X	None	Other Address		Zip Code
				At SOI			
				NPI			

N OPAC-ALC Number	*DOD-NAVY*	O Accounting Data and/or Agency Case Number		NRD	(UIC:)

P Requesting Official	Name and Title	Signature	Telephone Number	Date:

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME
* If you have only initials in your name, use them and state (IO)
* If you have no middle name, enter "NMN"

* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name

Last Name	First Name	Middle Name	Jr., II, etc.

Maiden Name Used
List your maiden name and the "To and From" dates of when it was used.

Maiden Name	Month/Year	Month/Year
		To

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				
Street Address and City (County) of School			State	Zip Code
Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____ Date: _____

RTC Report Date: _____ Recruiter Name/Phone (Print): _____

Enclosure (1)

Sample Agency Use Form for Naval Reactors Engineers, Nuclear Power Instructors, and NF Enlisted

1. This is a template for the Agency Information Use Form for all Nuclear Power personnel, both officer and enlisted (other than Submarine and Surface Warfare Nuclear Officers that require an SSBI).

2. Generic instructions for completion of the Agency Use Information Form can also be found at:
http://www.navysecurity.navy.mil/agusefm.htm

3. Completing all blocks is not required. All the blocks that have non-NAVCRUITDIST specific information have been completed. If the block is not completed, or addressed in paragraph 4, leave it blank.

4. Specific instructions for the other blocks is as follows:

   a. Block J should be the SON for the specific office at the NAVCRUITDIST that is submitting the PSI.

   b. Block O should have the NRD Name and UIC. This information is **critical** to aiding adjudication by DoNCAF, a Navy agency that does not have access to the SON information database that OPM uses. In addition, Block O should have **NUCLEAR POWER PROGRAM** above the NRD Name/UIC (which has been pre-completed).

   c. Block P should have the name, title, signature, **commercial** phone number and date for the person submitting the PSI (which should match the information on file for the SON in Block J).

Note: **It is vital that the submitting official list their commercial phone number since OPM does not have access to DSN.**

   d. Subject of Investigation (Identifying Information) should be completed as applicable.

   e. Education Degree(s) (Not shown on EPSQ) should include all degrees not listed on the EPSQ.

   f. The applicant should sign and date the form in the appropriate blocks.

   g. The RTC (OCS/OIS) report date and recruiter name and **commercial** phone number should be placed in the appropriate blocks at the bottom of the form.

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: *The EPSQ is for internal DOD use only, and is pending OMB approval.*

Agency Use Information (SF-86)

A Type of Investigation	08B	B Extra Coverage	3	C Sensitivity Level	2	D Access	2	E Nature of Action Code	MIL	F Date of Action	Month Day Year

G Geographic Location		H Position Code		I Position Title	**NAVY ACCESSION**		

J SON		K Location of Official Personnel Folder	X	None	Other Address		Zip Code
				NPRC			
				At SON			

L SOI	NV00	M Location of Official Personnel Folder	X	None	Other Address		Zip Code
				At SOI			
				NPI			

N OPAC-ALC Number	**DOD-NAVY**	O Accounting Data and/or Agency Case Number	**NUCLEAR POWER PROGRAM** NRD (UIC:)

P Requesting Official	Name and Title	Signature	Telephone Number	Date:

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME
* If you have only initials in your name, use them and state (IO)
* If you have no middle name, enter "NMN"
* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name

Last Name	First Name	Middle Name	Jr., II, etc.

Maiden Name Used
List your maiden name and the "To and From" dates of when it was used.

Maiden Name	Month/Year	Month/Year
		To

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				

Street Address and City (County) of School	State	Zip Code

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				

Street Address and City (County) of School	State	Zip Code

Appointee/Applicant Signature: _____ Date: _____

RTC Report Date: Recruiter Name/Phone (Print):

Enclosure (2)

Sample Agency Use Form for SUB-N, SWO-N,
Crypto, and Intelligence Officers

1.   This is a template for the Agency Information Use Form for all Submarine and Surface Warfare-Nuclear, Cryptography and Intelligence Officers, all of which require an SSBI.

2.   Generic instructions for completion of the Agency Use Information Form can also be found at: http://www.navysecurity.navy.mil/agusefm.htm

3. Completing all blocks is not required. All the blocks that have non-NAVCRUITDIST specific information have been completed. If the block is not completed, or addressed in paragraph 4, leave it blank.

4. Specific instructions for the other blocks is as follows:

a. Block J should be the SON for the specific office at the NAVCRUITDIST that is submitting the PSI.

b. Block O should have the NRD Name and UIC. This information is **critical** to aiding adjudication by DoNCAF, a Navy agency that does not have access to the SON information database that OPM uses. In addition, Block O should have either **NUCLEAR POWER OFFICER**, or **CRYPTOGRAPHY OFFICER**, or **INTELLIGENCE OFFICER**, as applicable.

c. Block P should have the name, title, signature, **commercial** phone number and date for the person submitting the PSI (which should match the information on file for the SON in Block J).

Note: **It is vital that the submitting official list their commercial phone number since OPM does not have access to DSN.**

d. Subject of Investigation (Identifying Information) should be completed as applicable.

e. Education Degree(s) (Not shown on EPSQ) should include all degrees not listed on the EPSQ.

f.   The applicant should sign and date the form in the appropriate blocks.

g.   The RTC (OCS/OIS) report date and recruiter name and **commercial** phone number should be placed in the appropriate blocks at the bottom of the form.

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: *The EPSQ is for internal DOD use only, and is pending OMB approval.*

Agency Use Information (SF-86)

A Type of Investigation	30B	B Extra Coverage	3	C Sensitivity Level	4	D Access	4	E Nature of Action Code	MIL	F Date of Action	Month Day Year
G Geographic Location			H Position Code			I Position Title	**NAVY ACCESSION**				

J SON		K Location of Official Personnel Folder	**X**	None	Other Address			Zip Code
				NPRC				
				At SON				
L SOI	**NV00**	M Location of Official Personnel Folder	**X**	None	Other Address			Zip Code
				At SOI				
				NPI				

N OPAC-ALC Number	**DOD-NAVY**	O Accounting Data and/or Agency Case Number	**NUCLEAR POWER OFFICER** (or) **CRYPTOGRAPHY OFFICER** (or) **INTELLIGENCE OFFICER** NRD (UIC:)
P Requesting Official	Name and Title	Signature	Telephone Number	Date:

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME
* If you have only initials in your name, use them and state (IO)
* If you have no middle name, enter "NMN"

* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name

Last Name	First Name	Middle Name	Jr., II, etc.

Maiden Name Used
List your maiden name and the "To and From" dates of when it was used.

Maiden Name	Month/Year	Month/Year
		To

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				

Street Address and City (County) of School		State	Zip Code

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				

Street Address and City (County) of School		State	Zip Code

Appointee/Applicant Signature: _____   Date: _____

RTC Report Date: _____   Recruiter Name/Phone (Print): _____

JOINT CLEARANCE ACCESS VERIFICATION SYSTEM (JCAVS)
ACCESS REQUEST FORM

You must have your Account Manager sign the Request Form before submitting it.

USER NAME:_____

        Last   First   Middle FULL NAME

GRADE _____   SOCIAL SECURITY NUMBER: _____-_____-_____

DSN Phone No: ( )_____ Fax No: ( )_____ Major Command :_____

                              Service/Agency: _____

                              Organization: _____

                              Office Symbol: _____

E-Mail Address:_____

TYPE OF ACCOUNT REQUESTED	TYPE OF ACCESS REQUESTED

_____Account Manager   _____Level 2 – MACOM/Activity/HQ/Agency SSO

_____User   _____Level 3 – Base/Post/Ship/etc. SSO

                                  _____Level 4 – MACOM Non-SCI Scty Mgr (collateral)

                                  _____Level 5 – Base/Post/Ship/etc. Non-SCI Scty Mgr (collateral)

                                  _____Level 6 – Unit Security Manager

                                  _____Level 7 – Collateral Entry Controller

                                  _____Level 8 – SCIF Entry Controller

                                  _____Level10 -- Collateral Entry Controller

TYPE OF REQUEST

_____Add individual named above to the JCAVS System

_____Account Type or Access Level Change

_____Delete the individual named above as an Account Manager/User of the JCAVS System

_____System User Name Change:

         From _____

              Last   First   Middle NAME

         To _____

              Last   First   Middle NAME

I hereby certify I understand that by signing this Access Request Form I am solely responsible for the use and protection of the UserID and password that I will be given. I also understand that I am not authorized to share my UserID and password with any other individual(s) except my Account Manager in the course of gaining access to the Joint Clearance Access Verification (JPAS) System. I further certify that I shall utilize the JPAS system in accordance with the JPAS Account Management Policy and JPAS Security Policy as well as all applicable US laws and DoD regulations.

User Signature and Date:_____

    I certify that the investigation on the above named individual meets the requirements for access and account management privileges to the JPAS information system:

Account Manager's Social Security Number: _____-___-_____

(Printed Name of Accounting Manager)   Account Manager's Signature

Submitting Office Number Authorization and Amendment Form
(PIPS FORM 12)

1. The phone number and fax number for the office at OPM that maintains the SON database are located on the header of this form.

2. The form should be filled out as follows:

    a. Block 1 should be the SON if the NAVCRUITDIST already has one, or left blank if attempting to create a new SON for a different office at the NAVCRUITDIST.

    b. Block 2 should be NV00.

    c. Block 3 should always be left blank.

    d. Block 4 should be used to update or create the address information on file.

    e. Block 5 should be used to add a new point of contact.

    f. Block 6 should be used to delete an old contact. If the NAVCRUITDIST is unsure who is on file as the point of contact for a particular SON, it is acceptable to use DELETE ALL.

    g. Block 7 is used to update the phone number on file for the point of contact. OPM does not have the capability of using DSN, so ensure to list commercial phone numbers only.

(SON label/code:)_____

U. S. Office of Personnel Management
Investigations Service
Federal Investigations Processing Center
PO Box 618
Boyers, PA 16018-0618
Commercial 724 794-5612 FAX 724 794-2891

SUBMITTING OFFFICE NUMBER (SON) AUTHORIZATION AND AMENDMENT FORM

ATTENTION: PERSONNEL OFFICER

OPM authorizes an SON for each Personnel Office that submits investigation requests and to make case status requests. The SON data is used to mail a variety of investigative notices, and to contact a submitting office to clarify information that may otherwise delay an investigation. OPM-FIPC must have current information on:

☑ Agency name and mailing address; and
☑ Name, position, and phone numbers of a contact person.

To request an SON or advise OPM of SON changes, complete the necessary items on the form below. Mail or fax the completed form to the address on the top of this form, attention Program Services Office (PSO). For additional information and/or assistance, call OPM-FIPC, PSO at 724 794-5612.

1. SON:_____   [ ] Check this block if requesting a new SON

2. SOI:_____

3. [ ] Change/add Online Payment And Collection (OPAC) Agency Location Code (ALC): _____

   Billing Address: _____

   _____

   City: _____ State:_____ Zip Code:_____

   Contact Name: _____ Phone: (_____) _____-_____ Extension:_____

4. [ ] Change/add Agency Name/Address:

   Agency Name: _____

   Address: _____

   City: _____ State:_____ Zip Code:_____

5. [ ] Add Contact Person:

   Name: _____

   Position: _____

6. [ ] Delete Contact Person:

   Name: _____

   Name: _____

7. [ ] Change/add SON Contact telephone numbers: Commercial: (_____) _____-_____ Extension:_____

This form should be duplicated as needed